Clinical Practice Guideline Implementation

Presented to
TriCare Clinical Quality Forum Medical Directors

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25 November 2002

CPG Development Process

- **Selection** - based on high volume & high cost conditions
- **Adaptation** - guideline developed based on evidence
- **Toolkit Development & Pilot Testing**
- **Dissemination** - guideline launched with live broadcast, conferences, site assistance visits
- **Implementation** – local Champions and Action Teams empowered
- **Metrics** - monitored locally and centrally
- **Maintenance** – guideline updated every two years

CPGs Deployed with Toolkit

- Low Back Pain, February 2000
- Asthma, September 2000
- Diabetes, January 2001
- Tobacco Use Cessation, September 2001
- Post-Deployment Health, January 2002
- Post-Operative Pain, May 2002
- Behavioral Health Bundle, September 2002
  - Major Depressive Disorder
  - Suicide Prevention
  - Substance Use Disorder

CPGs Available for Use

- Hypertension, May 1999
- Chronic Obstructive PuImonary Disease, August 1999
- Dysuria in Women, May 2000
- Clinical Preventive Services, November 2001
  - Screening: breast cancer, cervical cancer, chlamydial infection, colorectal cancer, lipid abnormalities, problem drinking
  - Counseling: tobacco use
  - Immunizations: influenza, pneumococcal
- Hyperlipidemia, December 2001

CPGs with Toolkits Pre-Deployment

- Uncomplicated Pregnancy, launch scheduled for 10 December 2002
- Cardiovascular Bundle, launch scheduled for November 2003
  - Hypertension
  - Hyperlipidemia
  - Ischemic Heart Disease

CPGs Currently Undergoing Scheduled Updating

- Diabetes
- Hypertension
- Tobacco Use Cessation
- Low Back Pain

Implementing Change

- Largely effective
  - Reminders
  - Educational outreach (for prescribing)
  - Patient mediated interventions
  - Interactive educational workshops
  - Multi-faceted interventions
  - Expanded role of pharmacist
  - Mass media
- Variable effectiveness
  - Audit and feedback
  - Local consensus conferences
  - Opinion leaders

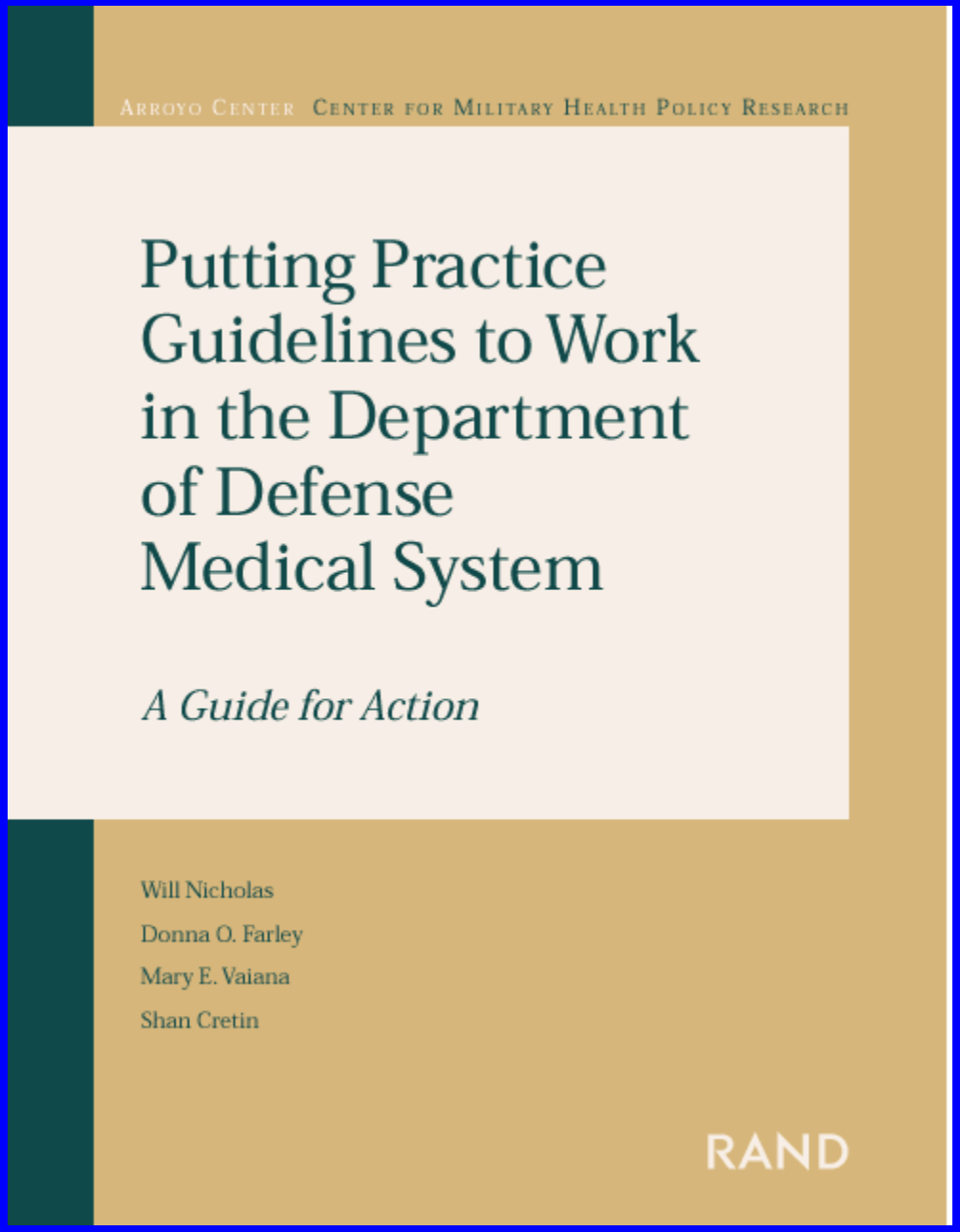
- Largely ineffective strategies
  - Dissemination of written educational materials
  - Didactic educational sessions
- No evidence
  - Interventions to improve MD-RN collaboration

from the Cochran Library

RAND Implementation Projects

- Projects
  - FY99-00: Low Back Pain, Diabetes, Asthma
  - FY01: Post-Deployment Health
- Goals:
  - establish a system for implementing selected practice guidelines throughout the AMEDD
  - monitor the impact of those guidelines on clinical care and outcomes
- Evaluation Approach
  - learn while doing

"*How To*"
Information


Arroyo Center Center for Military Health Policy Research
Putting Practice Guidelines to Work in the Department of Defense Medical System
A Guide for Action
Will Nicholas
Donna O. Farley
Mary E. Vaiana
Shan Cretin
RAND

Summary of Findings Implementing Three Guidelines

- Command support is crucial
- Use the Plan Do Study Act Cycle
  - Identify a Champion
  - Form multi-disciplinary teams
  - Identify gaps
  - Develop Action Plans
  - Educate staff
  - Pilot implementation

Summary of Findings Implementing the Post-Deployment Heath Guideline

- Lessons from the demonstration
  - for local health facilities
  - for the system
- System issues for policy attention
  - need for clear policy and procedural guidance
  - surge capability
  - participation by contract providers and staff
  - integrated data tracking systems

Overview of current AMEDD Implementation Approach

MEDCOM

- Guideline adapted
- Toolkit developed
- CPG launch
- Metrics monitored
- Site assistance visits

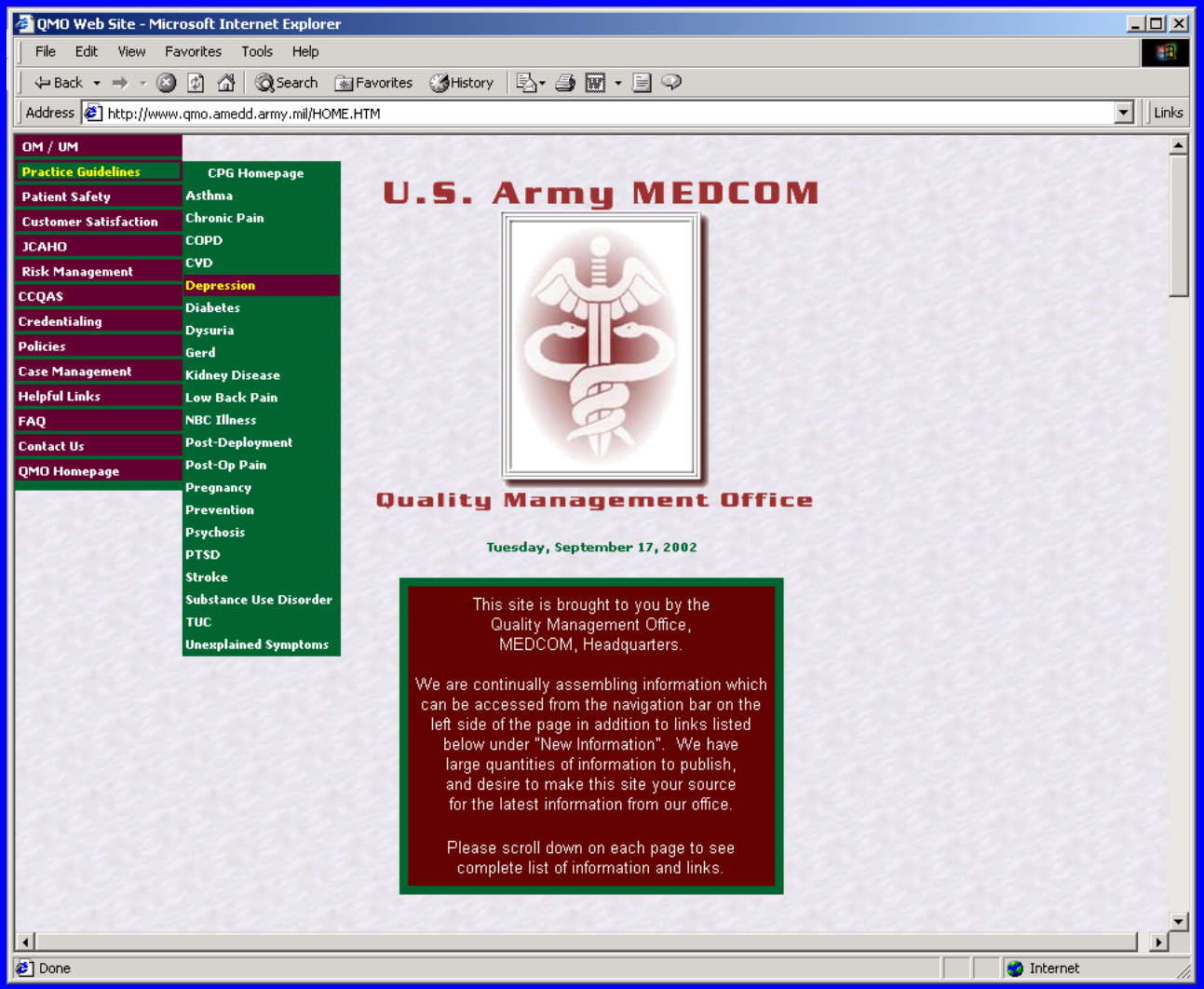
Military Treatment Facilities

- Champion identified
- Action Team formed
- Gap Analysis
- Action Plan developed
- Implementation
- Metrics monitored

Indicators of Implementation

- Identifiable Champion
- Use of tools (e. g., forms, exam room cards, pt education materials)
- Improvement in metrics
  - Process and Outcome metrics
  - Local and Central monitoring
  - Static and Real-time availability

www.QMO.AMEDD.army.mil



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